

L16001123906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

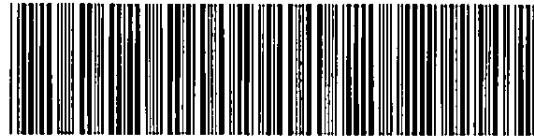
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305216673

11/06/17--01024--025 **25.00

FILED
NOV 6 11 16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D SCOTT
NOV 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONUM MARE CONSULTING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRIAM BAGGINI
Name of Person

BONUM MARE CONSULTING LLC
Firm/Company

148 YOUNG AVE.
Address

COGDA BEACH, FLORIDA 32931
City/State and Zip Code

BONUMMARECONSULTING@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRIAM BAGGINI at (321) 301.2236
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
2017 NOV -6 P 1:16
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BONUM MARE CONSULTING LLC

2. (a) 148 YOUNG AVE. (b) 148 YOUNG AVE
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
COCCA BEACH, FL 32931 COCCA BEACH, FL 32931

3. 06/28/2016 Date of filing/registration in Florida 4. L16000123906 Document number

5. (a) ANDREWS JAMES
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8566 NW 19 DRIVE
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
CORAL SPRINGS
 _____, FL 33071

(b) MYRIAM BAGGINI
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
148 YOUNG AVE.
NEW Registered Office Address:
COCCA BEACH
 _____, FL 32931

TALLAHASSEE, FLORIDA
 NOV - 6 P 1:16
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

GORAN BAKALAR
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent